



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 3682

|   |   |                               |   |   |
|---|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/938,598  | <b>FILING DATE</b><br>08/27/2001<br><b>RULE</b>   | <b>CLASS</b><br>436           | <b>GROUP ART UNIT</b><br>1641   | <b>ATTORNEY DOCKET NO.</b><br>06882.0015-02 |
| <b>APPLICANTS</b><br>Patrick Carroll, Ft. Lauderdale, FL;<br>Jon Schneider, Weston, FL;<br>Douglas E. Bell, Woodstock, GA;  |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 09/344,895 06/25/1999 PAT 6,284,550<br>which is a DIV of 08/872,088 06/10/1997 PAT 6,040,195  |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 09/18/2001   |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>FL | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>20                   |
| <b>INDEPENDENT CLAIMS</b><br>1  |   |                               |   |   |
| <b>ADDRESS</b><br>22852   |   |                               |   |   |
| <b>TITLE</b><br>Diagnostic sanitary test strip  |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>355   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |